



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-12.0	Subject: CONTINUITY OF CARE DURING INCARCERATION	
Reference: NCCHC Standards P-D-02, P-E-02, P-E-03, P-E-04, P-E-05, P-E-06, P-E-12, P-E-13, P-G-01, and P-G-02, 2014	Page 1 of 2 and no attachments	
Effective Date: November 1, 2010	Revised: June 1, 2017	
Signature / Title: /s/ Cindy Hiner / Health Services Manager		
Signature / Title: /s/ Tristan Kohut, D.O./ Medical Director		

I. PURPOSE

To provide appropriate diagnosis, treatment, and follow up for inmate health care needs inclusive of medical, dental, and mental health needs throughout the inmate's incarceration. Appropriate diagnostic testing and referral to community practitioners is utilized as indicated to enhance health care treatment plans.

II. DEFINITION none

III. PROCEDURES

A. General requirements

1. Health care services will be provided that preserve and maintain the health status of the inmate during incarceration.
2. Health care provider orders for patient care will be noted and implemented by health care staff in a timely manner.
3. All health care encounters and refusals will be documented in the health care record.
4. Ordered diagnostic tests and specialty consultations will be completed in a timely manner, with evidence in the record of the ordering clinician's review of results.
 - a. if changes in treatment are indicated, the nurse will contact the provider on call to discuss outside provider recommendations;
 - b. the changes will be implemented or a clinical justification for an alternative course will be noted. The clinician will review the findings with the patient in a timely manner;
 - c. these findings will be used to modify treatment plans as appropriate; and
 - d. all diagnostic tests and screening results will be communicated to the patient either through scheduled follow up appointment (including regularly scheduled Chronic Care appointments) with the appropriate clinician or health care provider and/or confidential form letter. The form letter will not include specific disease processes or indicate positive results.
5. When an inmate returns from hospitalization or an emergency room visit, the physician will see the patient, review the discharge orders, and issue follow-up orders as clinically indicated. If the physician is not on site, a designated health care staff member will immediately review the hospital's discharge instructions and contact the on-call physician for orders as needed.
6. Further follow up appointments related to hospitalizations and emergency room visits will be ordered by the clinician or designated health care staff member as appropriate.

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7. Individual treatment plans will be developed to guide treatment for episodes of illness. The responsible physician will determine the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations.
8. The treatment plan and any changes to the treatment plan will be discussed with the patient and the discussion and justification for the change will be documented during the clinician appointment.
9. Referrals to the Special Needs Committee should be utilized as needed for collaborative involvement in the care and medical management of complex patients (see MSP HS G-02.0).
10. Chart reviews and relevant CQI studies will be of sufficient number and frequency to assure that clinically appropriate care is ordered, implemented, and coordinated by all attending health care staff. This includes medical, dental, mental health and nursing (See MSP HS C-02.0 Clinical Performance Enhancement).

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments None